05-44481-rdd Doc 7617 Filed 04/03/07 Entered 04/10/07 15:28:47 Main Document Pg 1 of 4

Ted Strickland Governor



Helen E. Jones-Kelley
Director

P.O. Box 182404 Columbus, Ohio 43218-2404 jfs.ohio.gov

March 28, 2007

Bankruptcy Clerk United States Bankruptcy Court Southern District Of New York One Bowling Green, 6th Floor New York, NY 10004-1408

RE: CASE #05-44481

ODJFS #1405051-00-8

DELPHI AUTOMOTIVE SYSTEMS

SERVICES, LLC

Dear Clerk:

On February 1, 2007, this Bureau forwarded you an Amended Administrative Proof of Claim for \$21,018.17 to have been filed in the above referenced case.

We wish to advise at this time that this claim was filed on Case #05-44481 in error, and it is therefore requested that this claim of the Ohio Department of Job and Family Services (formerly the Bureau of Employment Services) be withdrawn from the proceedings.

Sincerely,

Janet Wise, Supervisor Litigation Unit

By: Marlene Delp, Examiner (614) 466-2319 x22005

Morline Delp

enclosures

JDW/mmd

An Equal Opportunity Employer
Printed in-house

05-4448	1-rdd Doc 7617 Fi	led 04/03/07 Enter			Main Document				
United States	Bankruptcy Court	Amended Admini	strative	ן					
	ounicupity court	Proof of Clai							
SOUTHERN DISTRICT O		11001 01 010							
In re: (Name of Debte	or)	Case Number							
		0.5.44404							
DELPHI AUTOMO	TIVE SYSTEMS	<del></del>							
Name of Creditor (The person or entity to whom the	ne debior owes the money)		r						
		claim relating to your claim.	ı						
		<b>-</b>	B						
Ivame and addresses where nout	es snould de Sent	particulars							
The Ohie December of	61-L	Check box if you are evaire anyone cles bas filed a poof of claim relating to your claim. Attach copy of statement giving particulars   Check box if you never received any notices from the bankruptcy court in this case   Check box if the address of iffers from the address on the envelope sent to you by the court   Replaces   Check here if this claim:   Replaces   Check here if this claim:   Amends a previously filed claim dated:							
PO Box 182404	1 Job and Family Services	<del>-</del>	У						
Columbus, OH 43218-2	404	-							
				1					
Name and addresses where notices should be sent  The Ohio Department of Job and Family Services PO Box 182404 Columbus, OH 43218-2404  Check box if you never received any notices from the bankruptey court in this case Check box if the address differs from the address on the envelope sent to you by the court  Account or other number identifying debtor  I BASIS FOR CLAIM Goods Sold Services performed Money loaned Personal Injury/wrongful death  Taxes Other (Describe briefly)  2. Date Debt was ineurred See Attached  4. Classification of claim. Under the Bankruptcy Code, all claims are classified as one ore more of the following: (1) Unsecured (2) Unsecured priority, (3) Secured, It is possible for part of a claim to be in one category and part in another, check the appropriate box or boxes that best describes your claim and state the amount of your claim  SECURED CLAIM 5 Attach evidence of perfection of security interest Brief description of collateral:  Real Estate  Motor Vehicle Other (Describe Briefly)  A claim is unsecured if there is no collateral or lien on property of the  Up to \$900,00 of deposits toward purchase, I									
Account or other number i	dentifying dehtor	П	Deninger	<u> </u>					
	aviiii) iig atoloi	Check here if this claim;		a previously filed claim	dated:				
1405051-00-8				- providenty interesting					
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		3. If Court Judgment, Date Obtaine	d						
		rifled or one ere more of the fellowing	. (1) 11						
(2) Unsecured priority, (3) Sec	ured; It is possible for part of a claim to i	be in one category and part in another.	; (1) Onsecure	а воя-рлонцу					
C SECURED CLAIMS		INSECTIOED DRIODIT	V CLAIM	ot least \$21 A18 12					
check the appropriate box or boxes that best describes your claim and state the amount of your claim  SECURED CLAIM \$  Attach evidence of perfection of security interest Brief description of collateral:  UNSECURED PRIORITY CLAIM at least \$21,018.17  Specify the priority of the claim									
	iala ET Ostan (Danasika Dainos)								
Mutor care Mutor Act	Cicle (Describe Briefly)	days before fling of the bankrupt	(up to 20,000 cy petition or c	.00) earned more than 90 essation of the debtor's bu	isiness.				
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lf any \$		Contibutions to a continue to		11100 0000					
UNSECURED NONPRIORIT	Y CLAIM at least \$0.00	Contributions to an employee of	enem pian — i	1 U.S.C. \$07(8)(4)					
		Up to \$900,00 of deposits towar	rd purchase, le	ase, or rental of property o	re				
debtor securing a claim or to the extent that the value of such		services for personal, family or hou:	sehold use 1	1 U.S.C. 507(a)(6)	İ				
property is less than the amount of the claim		T							
		taxes or penames or governmen	Taxes or penalties of government units 11 U.S.C. 507(a)(8)						
		Other 11 U.S.C. 507(a)(5) (	Describe brief	ly)					
5. TOTAL AMOUNT OF CLAIM AT TIME	at least \$0.00	C C	,	ot levet \$21 (NV 17					
CASE WAS FILED		· <del></del>	-						
		, ,		, , , ,	(4,				
			nized statemen	u of additional charges					
6 CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filling this claim, claimant has deducted all amounts claimant				THIS SPACE	FOR COURT				
owes to the debtor,	-			USE C					
2 SUPPORTING DOCUMENTS:	Attach copies of supporting documents	such as promissory notes							
purchase orders, invoices, itemize	d statements of running accounts, contra	cts, court judgments or evidence of							
security interest. If the documents	s are not available, explain. If document	s are voluminous, attach summary.							
8. TIME STAMPED COPY: To a self-addressed envelope and copy	eccive an acknowledgement of the filing of your proof of claim,	of your claim. Enclose a stamped	!		ĺ				
Date:	Sign and print the name and title, if a								
:	Authorized to file this claim (attach p	ower of attorney, if any)			ĺ				
February 1, 2007	/S/ JANET D. WISE				}				
		se, Supervisor	j						

Amended Administrative

POC

BAR DATE

INTEREST DETAIL --- LITIGATION SECTION

TYPE CHPT 11

**CASE #** 05-44481

ACCOUNT 1405051-00-8

NAME DELPHI AUTOMOTIVE SYSTEMS

SERVICES, LLC

**DEBTOR-IN-POSSESSION** 

5725 DELPHI DR

TROY MI 48098-2815

10-8-O5

SOUTHERN DISTRICT OF NEW YORK

QTR/YR	DEBIT DATE	CONTRIBUTIONS DUE	FORFEITURE	FORFEITURE INTEREST		CONTRIBUTION		TOTAL	
4/05	02/09/2006	\$ 18,076.24		\$	-	\$	2,941.93	\$	21,018.17
4/06*	report has	not been received in t	<del></del>	UNKNOWN					
		\$ 18,076.24		\$	-	\$	2,941.93		21,018.17

\*DUE TO THE EMPLOYER NOT FILING THE QUARTERLY UNEMPLOYMENT COMPENSATION REPORTS ABOVE, THE AMOUNT DUE CANNOT BE CALCULATED AT THIS TIME

PRIORITY

at least \$21,018.17

NON-PRIORITY

at least \$0.00

Prepared by

MMD

01/30/07